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Date: May 3, 2007

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 Examiner Jean Fleurantin
 (571) 273-8300
 2162

From: Fax: Mailstop:
David L. Guglielmi (503) 264-1729 JF3-147
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<u>Subject:</u> <u>Docket Number:</u> <u>Filing Date:</u> <u>Inventor:</u> 10/607,723 P15966 June 27, 2003 Nelson Kidd

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MAY 0 3 2007 PTO/SB/21 (09-04) Approved for use through 07/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1895, no persons are required to respond to a allection of information unless it displays a valid OMB control number. **Application Number** 10/607,723 TRANSMITTAL Filing Date June 27, 2003 FORM First Named Inventor Nelson Kidd Art Unit 2182 Examiner Name Jean B. Fleurantin (to be used for all correspondence after initial filing) **Attorney Docket Number** P15966 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences 1 Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below); - Fex Transmittal Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Intel Corporation Signature /David L. Guglielmi/Reg. No. 55,229/ Printed name David L. Guglielmi Date Reg. No. May 3, 2007 55,229 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Under the Panerwork Reduction Ant of 1995, no nersons are required to respond to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004, Complete if Known Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/607,723 RANSM Filing Date June 27, 2003 For FY 2005 First Named Inventor Nelson Kidd **Examiner Name** Jean B. Fleurantin Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2162 **TOTAL AMOUNT OF PAYMENT** 120.00 Attorney Docket No. P15968 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 50-0221 Deposit Account Name: Intel Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (8) Fep (\$) Fee (\$) Fees Paid (\$) Fee_(\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep, Claims **Extra Claims** Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Iotal Sheets Extra Sheets Number of each additional 50 or frac Total Sheets Number of each additional 50 or fraction thereof - 100 ± /50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension 120.00 SUBMITTED BY Registration No. 56,229 Signature /David L. Guglielmi/Reg. No. 55,229/ Telephone 503-712-1610 (Attorney/Agent) Name (Print/Type) David L. Guglielmi Date May 3, 2007

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